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Strategic Plan

We promote and protect the health of the public and the environment.

our mission

two thousand



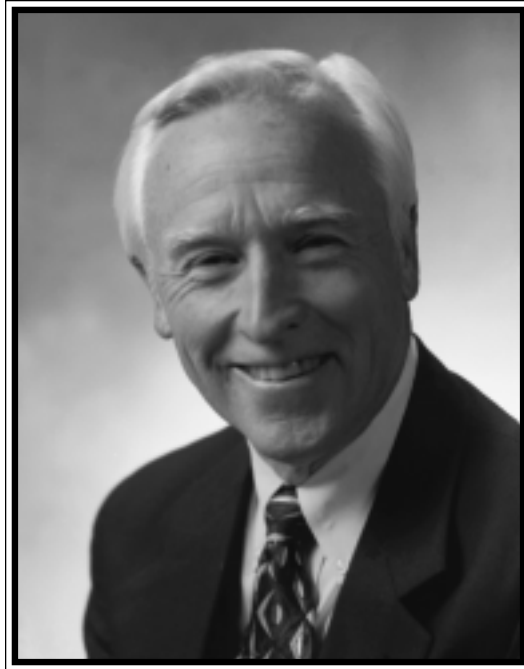
our vision

Healthy people living in healthy communities...

two thousand five



South Carolina Department of Health and Environmental Control



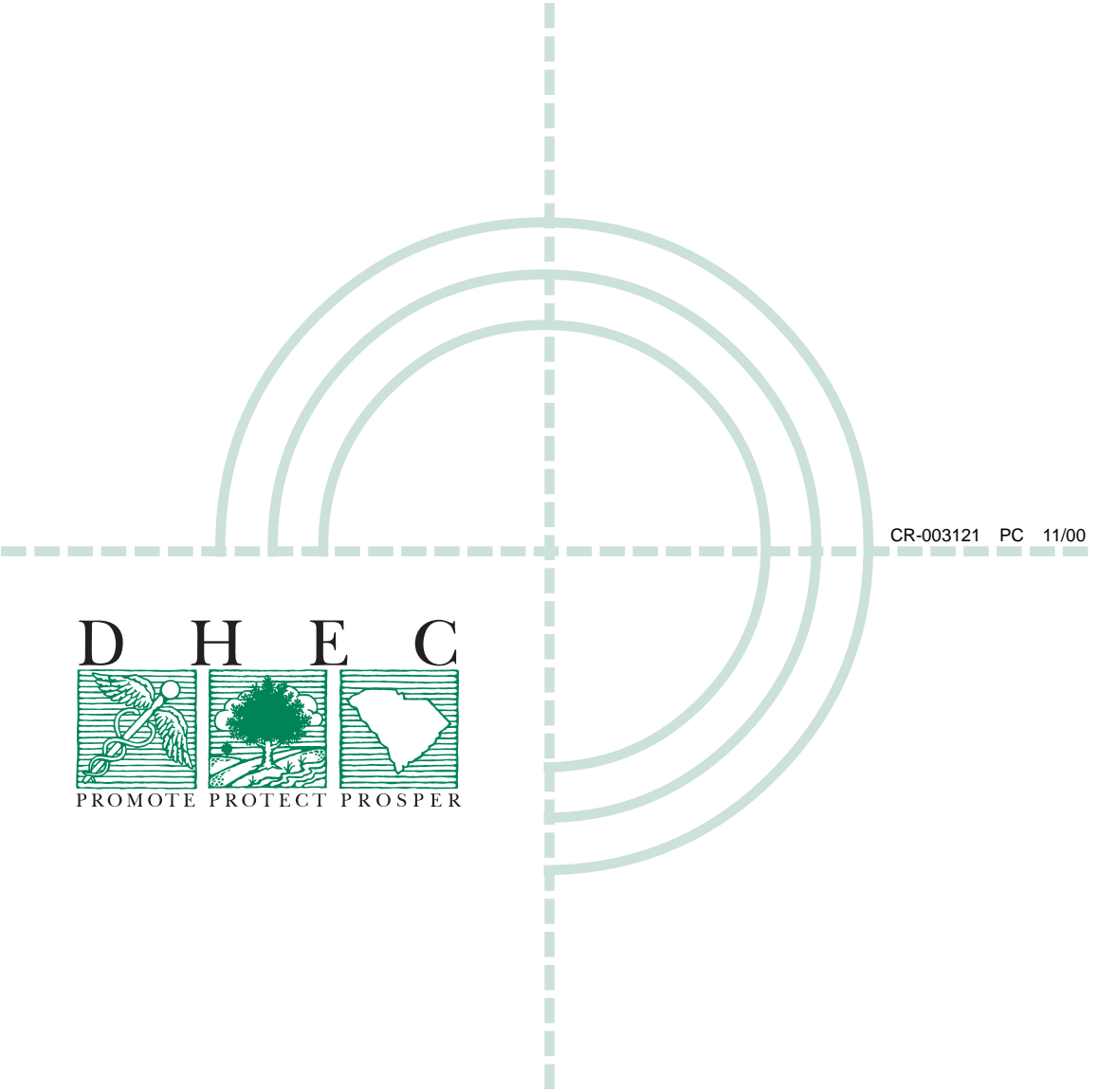
This plan is dedicated to the memory of Rodney Grandy in appreciation of his leadership and guidance in strategic planning. Mr. Grandy, a DHEC Board member from July 1995 to July 2000, was instrumental establishing the values and visions articulated in the 1995 Strategic Plan, the legacy upon which this plan is built. His belief in customer service, in communicating with customers to achieve our goals, in the importance of being on the forefront of health and environmental issues guided the agency's development and achievement our goals throughout his tenure. He encouraged staff to continually improve processes and raised the bar in an effort to make DHEC the best agency possible. The Board of Directors recognized his exceptional leadership in planning at the October 12, 2000 Board meeting. A graduate of Auburn University with a degree in civil engineering, Mr. Grandy joined Exxon in 1955. He ran Exxon's Chemical Performance Products Business group in Darien, Connecticut in his last assignment for the corporation. He devoted time to numerous civic activities in his retirement years and was a living example of the DHEC mission to promote and protect the health of the public and the environment.

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Message from the Commissioner

The South Carolina Department of Health and Environmental Control (DHEC) is dedicated to promoting and protecting the health of the public and the environment in the most effective and efficient manner. To achieve our mission, we have more than 6,000 dedicated employees throughout South Carolina working each day on specific tasks, delivering services, forming partnerships, and serving the people of South Carolina.

Each member of the DHEC team must work to accomplish our mission and ensure that South Carolina is a state where healthy people live in healthy communities. What each of us does every day helps accomplish our mission and is an important part of the process necessary to improve individual and community health and the environment.

The 1995 Strategic Plan laid a foundation for excellence and established the mission, vision and values by which we work. Many things have been accomplished since the 1995 plan. We can be proud of the type of organization we have become and the successes we have had in meeting the challenges presented in that plan. Now it is time to build on our historic legacy and to move forward with our next strategic plan as we continue to promote and protect the health of the public and the environment.

In the year 2000 we have taken the time to pause and look for the road to take us into the future. There are new opportunities at both the state and national levels, as well as new challenges. The 2000-2005 Strategic Plan builds on our mission and values and sets our direction for the next five years by defining the goals and outcomes we expect to achieve. The Strategic Plan articulates our long-term vision for our state, and provides us with a road map of short-term outcomes to be achieved.

To improve the health of the public and the environment, it is critical that we have a strong team effort from our employees, our Board, the Legislature, the Executive Branch, the private sector, and citizens. No one entity owns public health or solely shoulders the responsibility for improvements. We all must work together toward the common goal of a healthier South Carolina.

Many staff throughout DHEC have dedicated time and effort to produce this document. Your strong commitment and your vision made this plan possible. We thank each of you for your help and particularly acknowledge the work of the Strategic Plan Committee.



Acknowledgments

The development, writing, editing and production of the 2000-2005 DHEC Strategic Plan took significant effort from many DHEC staff. We would like to acknowledge some of the staff who dedicated many hours of hard work to produce this document and thank all staff who participated in the many training sessions, forums and meetings. Specific thanks go to the Strategic Plan Committee. They have demonstrated a strong commitment to this plan from its inception. Special recognition also goes to the Management Training Committee for setting the stage to develop the plan and the Office of Planning for leadership throughout the process. We would also like to acknowledge Joyce Hallenbeck and Jan Easterling for editing the document, Debbie Gainey for technical assistance, and Alice Truluck, Wanda Crotwell, Cristi Horne and the DHEC Art Department for their creative ideas in producing the document.

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Executive Summary

The 2000-2005 Strategic Plan builds on DHEC's mission and values, and sets the direction for the next five years by defining goals and outcomes to be achieved. The Strategic Plan also articulates the long-term vision for the future of South Carolina, *healthy people living in healthy communities*. The DHEC mission, *we promote and protect the health of the public and the environment*, is an enduring and comprehensive statement of our purpose. It reflects who we are and why we exist. The values are the guiding principles that describe how we conduct ourselves in carrying out our mission. The values remain unchanged from the 1995 Strategic Plan.

The DHEC goals reflect our role as the state's public health and environmental protection agency in carrying out the three core functions of public health: assessment, policy development and assurance. The outcomes to be achieved in the next five years are based on the determinants of health, those things known to lead to health for all. Determinants of health include access to care, individual healthy behaviors and good environmental quality.

The goals also build upon national efforts in public health such as Healthy People 2010 and other efforts concerning children's health and managing the impacts of growth on our environment. By aligning our goals and outcomes with those of national efforts, the agency can benchmark its progress at both the state and national level.

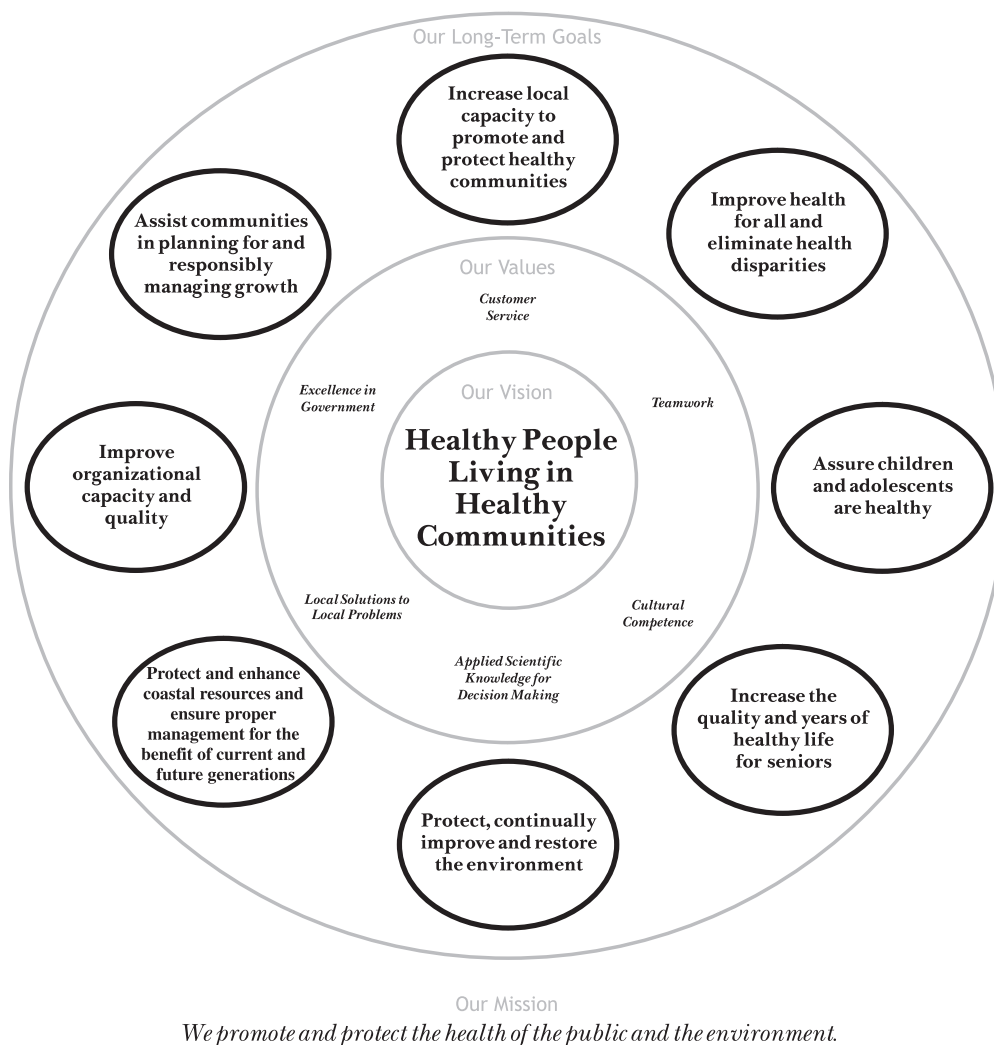
In the following sections, the long-term goals, strategic goals and outcomes that set the direction for DHEC are presented. The eight long-term goals provide the direction for our future. The strategic goals are those goals we can significantly impact in the next five years. Outcomes are the benefits or changes in health status and the environment that lead to the strategic goals. The outcomes include changes, both long-term (of three to five years) and short-term (of one to two years), and provide specific and measurable targets to accomplish. Although the goals are ordered, this order does not infer that one area is more important than another.

This plan provides us with a single strategic direction that will promote coordination and communication among all the agency's programs and services. It will also serve as a key communication mechanism to our stakeholders by describing our priorities for the next five years.

This strategic plan represents a product of the first phase of our ongoing planning process. DHEC staff will integrate the plan and its priorities into their daily work by incorporating the goals and outcomes outlined in the strategic plan into their unit operational plans. The agency is in the process of identifying the measures we will use to mark our progress. These measures will be reflected in strategic plan updates and reports.

Introduction

Our work gives us an unprecedented opportunity to be leaders in defining the future of health and the environment in the state of South Carolina. The 2000-2005 Strategic Plan sets a course for all DHEC staff, in partnership with others, to achieve healthy people living in healthy communities, and allows us to gather information that can be used to continuously improve our services and activities. The mission, vision, values and goals set forth in this Strategic Plan provide the direction and unifying focus for all parts of the agency as we work to improve the health and the environment of South Carolina. The agency has eight long-term goals. These goals are statements of long-term changes in health status and environmental quality we expect to achieve in the future, changes that will move us toward our vision of healthy people living in healthy communities. As Oscar Wilde once said: “A map of the world that does not have Utopia on it is not worth looking at.” DHEC’s mission, vision, values and eight long-term goals are presented below. They are presented in a circle to illustrate that they are equal in importance as well as interdependent.



Mission

We Promote and Protect the Health of the Public and the Environment.

Our mission is an enduring and comprehensive statement of our purpose. It reflects who we are and why we exist. We are striving toward this mission in a time of change in health services arenas and amid rapid growth and changing demographics within our state. We are becoming more aware of the pressures that environmental, physical and social factors place on the public's health. We are facing unprecedented growth that impacts the viability of our environment and the quality of our air and water. We are also experiencing an increase in our population, resulting in greater ethnic diversity and an expanding population of retirees. Such changes compel us to reassess the strategies by which we can most effectively achieve our mission and vision.

Vision

Healthy People Living in Healthy Communities.

We have a shared vision to guide our organization now and in the future: *healthy people living in healthy communities*. Our contributions to educate the citizens of South Carolina on, and involve them in, public health and environmental issues are critical to mobilizing communities to develop strategies to impact individual and community health. People are broadening their perspective on health to include not only the absence of disease and access to quality medical care, but also the importance of living in healthy communities. Through regulatory activities, awareness programs and community development, we are a powerful force in assisting community organizations to focus on health and prevention and wellness activities. We also facilitate awareness of environmentally sound practices that protect our precious ecosystems and environmental and coastal resources. Citizens who actively participate in their communities are catalysts for changes in health status. Our challenge is to find ways to link the vision and values of DHEC to the values of people in local communities. When our values complement their values, we will have healthy people living in healthy communities.

Values

The values are the guiding principles that describe how we conduct ourselves in carrying out our mission. The values remain unchanged from the 1995 Strategic Plan. In the last five years we have made great strides in implementing policies, training and services that reflect our values, and we will continue to do so in the future. Values, according to Webster's dictionary, are "principles, standards or qualities that are regarded as worthwhile or desirable." Our goals provide our direction for the future. Our values keep us headed down the right path. They are the context within which we move toward our goals. The DHEC values are summarized below:

Customer Service:

We are committed to meeting or exceeding customers' identified needs and expectations with quality service.

Teamwork:

We are committed to working together to make decisions and reach common goals.

Cultural Competence:

We are committed to cultural competence by recognizing, respecting, understanding, accepting and valuing different cultures in order to provide effective services to all our customers.

Use of Applied Scientific Knowledge for Decision Making:

We are committed to the use of rational methods and scientific knowledge to provide answers and to guide our professional judgment.

Local Solutions to Local Problems:

We are committed to cooperation and collaboration within our agency and with local resources to develop healthy communities that are active in improving their own health and environment.

Excellence in Government:

We are committed to being an organization that is quality-focused and customer-driven. We will build awareness of health and environmental issues with citizens by using effective means of informing and educating the public.

Introduction to the Goals and Outcomes for 2000-2005

DHEC is the state's public health and environmental agency and provides leadership for public and community involvement in creating and sustaining the public health infrastructure. To understand the roles, responsibilities, and goals of the agency, one must understand public health.

Public health is an organized set of activities that protect and promote people's health. The Institute of Medicine, in its document *The Future of Public Health*, defines the mission of public health as "to fulfill society's interest in assuring conditions in which people can be healthy." The mission reflects the use of knowledge to fulfill the public's interest in reducing human suffering and enhancing quality of life. The substance of this mission lies in organized community efforts that are aimed at the prevention of disease and the promotion of health. Thus, public health agencies are involved in policy development, enforcing health and environmental regulations, and helping communities to organize locally to address local health and environmental problems and to develop environmental and health programs.

The goal of public health is to secure health and promote wellness, for individuals and communities, by addressing the societal, environmental, and individual determinants of health. As defined by the World Health Organization, health is "a state of complete well-being, physical, social, and mental, and not merely the absence of disease or infirmity."

Public health is organized through an infrastructure designed to prevent disease and injury and promote health. To support this infrastructure, the Institute of Medicine (IOM) defined three core functions of public health that should be guaranteed by the government: assessment, policy development, and assurance (IOM, 1988).

- **Assessment:** Diagnosis of community health status and needs through epidemiology, surveillance, research, and evaluation of information about disease, behavioral, biological, environmental and socioeconomic factors.
- **Policy Development:** Planning and priority setting, based on scientific knowledge and under the leadership of a governmental agency, for the development of comprehensive public health policies and decision making.
- **Assurance:** Securing universal access to a set of essential personal and community wide health services through delegation, regulation or the direct public provision of services.

Public health services include both population-based and personal services. Personal or direct health services involve a one-on-one interaction between a health care professional and a patient and may address physical, mental or social functioning of the individual. These services include what most consider ordinary medical care, including inpatient and outpatient medical services, allied health services, medicines, laboratory testing, x-rays, and dental care. In contrast, the provision of population-based services is directly related to the provision of essential public health services. Population-based services are identified as interventions to alter the social and physical environment, to change health-related behaviors, or to directly reduce the risk of causing a health problem. These services are generally developed and available for an entire population of a community or state rather than for individuals.

Health and environment are interminably intertwined to create the human condition. The effects of environment on human health are obvious. Simply put, we consume our environment. Fishable and swimmable lakes and rivers, clean and clear air, uncontaminated ground water and land, and healthy ecosystems are not just nice to look at; they are necessary for our survival.

Environmental quality is an important direct and indirect determinant of human health. Deteriorating environmental conditions are a major contributor to poor health and poor quality of life. Overall, South Carolina has good environmental quality and it is important for us to maintain this status because poor environmental quality is responsible for approximately 25 percent of all preventable ill health in the world (WHO, 1997). Individual behaviors such as how people use cars, energy, water, household and yard chemicals and recycling can have an impact on the environment. The very real and serious health and environmental risks from the many pressures of population growth and economic expansion face DHEC every day. Our goals in this plan are set in the very real need to face these risks and to take immediate and necessary actions to sustain our state's environment and natural resources for future generations.

The DHEC goals we have set forth reflect our role as both the state's public health agency in carrying out the three core functions of public health, and our role as the environmental protection agency. The outcomes we want to achieve in the near term were chosen based on the determinants of health. These are things we know lead to health for all, such as access to care, individual healthy behaviors and good environmental quality. The goals also build upon national efforts in public health such as Healthy People 2010 and current national efforts concerning children's health and managing the impacts of growth on our environment. By aligning our goals and outcomes with those of national efforts, the agency can benchmark its progress at both state and national levels. It is through achieving these goals and outcomes that we will have healthy people living in healthy communities.

In the following sections, the long-term goals, strategic goals and outcomes that set the direction for DHEC for the next five years and beyond are presented. The long-term goals provide us with the direction for our future. The strategic goals are those goals that we can significantly impact in the next five years. Outcomes are the benefits or changes in health status and the environment that lead to the strategic goals. They are the longer-term (three-year to five-year) and shorter-term (one-year to two-year) changes that provide us with specific and measurable targets we can accomplish. Each goal is equal in importance.

DHEC Strategic Goals and Outcomes for 2000-2005

Goal: Increase Local Capacity to Promote and Protect Healthy Communities

Individual health is inseparably linked to community health. Community health is described in Healthy People 2010 as the health of the community and the environment in which individuals live, work and play. The health of every community in South Carolina determines the overall health of our state. Health, therefore, is influenced not only by biology, genetics and individual behaviors, but also by the social and physical environment in which individuals live. Therefore, health and wellness should be viewed holistically.

The health of a community is the shared responsibility of many entities, organizations, and interests in the community, including health service delivery organizations, public health agencies, other public and private entities, and the people of the community. The role of governmental public health agencies like DHEC is to support local efforts to improve health through partnership and collaboration-development activities. DHEC performs this role by providing leadership when necessary, actively partnering with and engaging community groups, and providing community groups with information on health indicators.

An essential role of DHEC, as the state public health and environmental protection agency, is to enforce regulations and laws that protect the safety of our public. Two examples include conducting restaurant inspections and ensuring that the public has safe drinking water and good air quality.

The strategic goals and outcomes discussed below address the roles DHEC plays in supporting community efforts. These roles include working with communities to help identify assets and needs, building staff skills in working with communities, and helping communities develop and use assets that promote health and protect the environment, for example walking and biking trails. We also have a role in educating the public on environmental issues that affect health; working with communities on establishing buffer areas and greenspaces; and on planning issues.

Strategic Goals:

1. Actively support communities in developing healthy communities.

Outcomes:

- Increase the number of communities that have established healthy community initiatives that address multiple Healthy People 2010 focus areas.
 - ◆ Increase the percentage of counties that have a process that assesses health status, identifies resources and gaps in health services, develops plans based on the assessment, and implements activities to reach specific goals.
 - ◆ Increase and enhance partnerships and communication with advocacy and community groups, business and professional sectors, federal, state and local governments, and academic institutions on health and environmental issues.

- Increase the level of diversity and skills within DHEC necessary to actively support communities in defining their own problems, implementing their own solutions, and capitalizing on existing assets.
- Increase the percentage of schools that achieve the Centers for Disease Control and Prevention's (CDC) Healthy School Model designation.

2. Work with local governments to address local health and environmental issues.

Outcomes:

- Increase the number of local governments who utilize planned communities that support smart growth, buffer ordinances, and greenspace initiatives.
- Increase the number of local ordinances requiring sidewalks, bike lanes, and walking and biking paths.
- Increase the number of existing local ordinances that are actively enforced on prohibiting smoking in public spaces.

3. Expand the public's knowledge of and involvement in environmental and health issues.

Outcomes:

- Increase public knowledge about the benefit of vegetated buffers.
- Increase public knowledge about the importance of maintenance of on-site disposal systems (OSDS).
- Increase public understanding of ozone alerts.

4. Protect the safety of the public's health.

Outcomes:

- Increase to 95 percent, by 2005, the population served by community water systems providing drinking water that meets all current health based standards.
- Decrease the number of food-borne disease outbreaks.
 - ◆ Increase the number of food service workers who have received education on proper food handling practices.
 - ◆ Increase the average number of announced, unannounced and follow-up food inspections to the nationally recommended rate.
 - ◆ Increase the number of trained food inspectors.
 - ◆ Increase the number of food borne illnesses that are detected promptly and completely.
- Develop a coordinated, interagency sustainable capacity to detect and respond to a natural, unintentional or terrorist disaster.
 - ◆ Establish a multidisciplinary interagency work group to develop policy around cross training of law-enforcement and emergency response staff in the proper way to recognize and contain dangerous agents, and around first-responder recognition and care to the victims.

DHEC Strategic Goals

and Outcomes for 2000-2005

Goal: Improve Health for All and Eliminate Health Disparities

There have been significant improvements in the health status of South Carolinians. Despite these improvements, our citizens still suffer from a number of preventable or manageable infectious and chronic diseases. South Carolina leads the nation in the number of stroke deaths annually and is second for all cardiovascular disease deaths. The rate of HIV infection is increasing among women, and diabetes and its complications are still a major health problem for many South Carolinians.

The first major goal of the Healthy People 2010 initiative is to increase the quality and years of healthy life of all persons. People who engage in healthy behaviors will live longer and, equally important, will enjoy greater quality of life. People with healthy lifestyles will more likely have a greater number of healthy days and healthy years of life. The agency is targeting four areas to promote healthy behaviors for all South Carolinians: regular exercise; not smoking; eating nutritious foods; and avoiding becoming overweight or obese. The overall health status of our population will improve with every positive step we take to increase these behaviors.

Promoting healthy behaviors and assuring preventive health care are vital components of improving health. We also must eliminate health disparities if we are to improve health for all in our state. The poorest health outcomes are consistently seen in South Carolina's minority communities. Minorities make up 31 percent of the state's total population, with African-Americans being the largest group, approximately 98 percent, followed by Hispanics/Latinos, American Indians and Asian and Pacific Islanders. The 1988 *Blacks and Other Minorities Health Status Report* demonstrated that minorities suffer and die at disproportionate rates from infant mortality, cardiovascular disease, stroke, diabetes, most cancers, and HIV/AIDS. Ten years later, the 1998 *South Carolina Minority Health Status* report demonstrated these racial and ethnic health disparities still exist.

In keeping with the second major goal of the Healthy People 2010 initiative to eliminate health disparities, the agency is focusing on two key areas in which these disparities occur: the incidence and impact of communicable diseases such as HIV/AIDS; and disability and death resulting from chronic illnesses, such as diabetes and cardiovascular disease.

Strategic Goals:

1. Promote healthy behaviors among all adults.

Outcomes:

- Increase the proportion of adults who exercise regularly.
- Reduce the proportion of adults who smoke.
- Increase the proportion of adults with good nutritional habits.
- Reduce the proportion of adults who are overweight and obese.

2. Eliminate disparities in the incidence and impact of communicable diseases.

Outcomes:

- Reduce the number of new HIV cases among African-Americans and other minorities.
 - ◆ Increase the number of minority community-based organizations implementing strategies to prevent HIV/AIDS.
- Reduce new cases of perinatally acquired HIV infection.
 - ◆ Increase the proportion of women who know their HIV status prior to or at delivery.
- Reduce the number of primary and secondary syphilis cases in African-American and other minority communities.
 - ◆ Increase the accessibility and availability of STD/HIV counseling, testing, partner notification, and referral.
- Reduce death and disability due to HIV.
 - ◆ Increase the percentage of persons with HIV who are receiving Highly Active Anti-Retroviral Therapy (HAART).

3. Eliminate disparities in illness, disability, and premature deaths from chronic diseases.

Outcomes:

- Reduce hospitalizations and deaths due to stroke among African-American and other minorities.
 - ◆ Increase knowledge of the early warning signs and symptoms of stroke.
 - ◆ Increase the percentage of adults screened for hypertension and referred for appropriate treatment.
 - ◆ Increase the availability of disease management services for hypertension management and stroke prevention and recurrence.
- Reduce the rate of complications and deaths due to diabetes.
 - ◆ Reduce the rate of lower extremity amputations in persons with diabetes.
 - ◆ Assure that each county in SC has at least one certified diabetes educator.
 - ◆ Increase the number of lay diabetes educators in South Carolina.
 - ◆ Increase the proportion of individuals with diabetes who receive at least two tests annually that reflect long-term control of their diabetes.
- Reduce death and disability due to colorectal, prostate and breast cancers.
 - ◆ Increase the proportion of women who receive mammograms, clinical breast exams, and appropriate referral and follow-up.
 - ◆ Increase the proportion of adults who receive comprehensive colorectal cancer screening and appropriate referral and follow-up.
 - ◆ Increase the proportion of men who receive prostate screening and appropriate referral and follow-up.
- Reduce the overall number of cases of osteoporosis.
 - ◆ Increase the percentage of adults who receive screening for osteoporosis, and appropriate referral and follow-up.

DHEC Strategic Goals

and Outcomes for 2000-2005

Goal: Assure Children and Adolescents are Healthy

Assuring the health of our children and adolescents builds the foundation for the future of our citizens and the prosperity of our state. Health conditions affect the readiness of children to enter school and impact their ability to grow into productive citizens. A strategic focus to guarantee a minimum level of good health and to form healthy behaviors for all children and adolescents is essential. Health initiatives must encompass the full developmental spectrum ranging from making sure babies are born healthy to promoting healthy behaviors in adolescents. The development of our children depends on healthy pregnancies and infancy; strong and nurturing families; skilled caregivers; supportive communities and healthy adolescent behaviors.

Infants and children must have access to effective preventive and primary health and dental care, and screening and immunizations to prevent future problems and develop to their full potential. Maintaining a high level of immunization among children is essential because vaccines protect children against serious and potentially fatal diseases and are among the most cost-effective tools in preventing disease.

Assuring the health of our children and adolescents involves promoting healthy behaviors, such as exercise and a nutritious diet, as well as keeping them safe and free from injury. Targeted interventions are necessary to address the major causes of death and disability caused by unintentional injuries, violence, and environmental hazards.

The rate of infant deaths is a major indicator of the health status of our population. Unintended pregnancies may result in infants who have poorer health at birth, with a higher risk of being physically abused and/or neglected. Low birth weight newborns are at higher risk of dying, developing chronic illness and conditions, and experiencing developmental delays and learning problems.

We must ensure that children are healthy and ready to learn. Providing parents and caregivers with the knowledge and tools they need to address child development and health issues is an effective way to help our children enter the first grade prepared for success.

Strategic Goals:

1. Promote healthy behaviors.

Outcomes:

- Reduce the percentage of adolescents who smoke.
 - ◆ Develop and implement a comprehensive youth tobacco prevention program.
 - ◆ Increase the percentage of schools that prohibit tobacco use anywhere on school grounds or at any school sponsored event.
 - ◆ Increase the proportion of current smokers who quit.

- Increase the percentage of children and adolescents who exercise regularly.
 - ◆ Increase the proportion of elementary and middle schools that require physical education for students.
- Increase the percentage of children and adolescents with good nutritional habits.

2. Prevent disease, disability and death from vaccine-preventable diseases.

Outcomes:

- Minimize the incidence of vaccine-preventable diseases.
- Maintain at 90 percent or increase the proportion of appropriately immunized children and adolescents.
 - ◆ Implement a Statewide Immunization Information System (SIIS).
 - ◆ Ensure that immunization providers have access to all childhood vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP).

3. Improve access to comprehensive, high-quality health care services.

Outcomes:

- Increase the percentage of children and adolescents with health and dental insurance.
 - ◆ Increase the percentage of children at or below 165 percent of poverty enrolled in Medicaid.
- Increase the percentage of children who have a medical home.
 - ◆ Increase the number of pediatric and family practice public-private partnerships.
 - ◆ Increase the percentage of children, age 0 to 3, who received a primary care service.
 - ◆ Increase the number of public-private partnerships with pediatric sub-specialty practices.
- Increase the percentage of children who have access to an oral health provider.
 - ◆ Increase the number of dentists who enroll as a Medicaid provider.
 - ◆ Increase the percentage of children who receive a preventive oral health service.
- Increase the proportion of infants receiving appropriate interventions for identified hearing loss by six months of age.
 - ◆ Increase the proportion of newborns screened for hearing loss before leaving the hospital.

4. Prevent disabilities and deaths due to unintentional injuries, violence, and environmental hazards.

Outcomes:

Unintentional injuries:

- Reduce the rate of child and adolescent deaths from motor vehicle crashes.
 - ◆ Increase the proper use of child safety restraints.
 - ◆ Increase the use of seatbelts by adolescents.
 - ◆ Decrease the percentage of high school students who ride with a driver who has been drinking.

Violence:

- Decrease the rate of firearm-related deaths of children and adolescents.
 - ◆ Increase firearm safety awareness.
 - ◆ Increase access to activities for adolescents that build self-esteem and discourage unhealthy and antisocial behaviors.
 - ◆ Expand child health and safety councils, including child death review committees.

Environmental Health:

- Reduce the percentage of lead-poisoned children.
 - ◆ Increase the percentage of at-risk children screened for lead poisoning.
 - ◆ Increase the percentage of children identified with elevated blood lead levels who receive appropriate interventions.
 - ◆ Increase public knowledge of childhood lead poisoning prevention.
- Decrease childhood hospitalizations and emergency department visits due to asthma.
 - ◆ Develop a statewide comprehensive public/private plan to address childhood asthma.
 - ◆ Develop local, state, and federal partnerships to provide technical support and funding in the development of environmental assessments to address childhood asthma.
 - ◆ Increase the number of public/private partnerships that address diagnosis and management of asthma.
 - ◆ Increase family and community knowledge of the triggers and symptoms, preventive measures, and proper treatment of asthma.

5. Increase the percentage of healthy infants.

Outcomes:

Surviving the First Year of Life:

- Increase the percentage of infants who survive the first year of life, reducing infant mortality.
 - ◆ Increase the percentage of very low birth weight (VLBW) infants (<1250 grams) who are born at Level III hospitals (subspecialty perinatal centers).
 - ◆ Increase the percentage of infants who receive a newborn home visit.
- Reduce infant deaths due to Sudden Infant Death Syndrome (SIDS).
 - ◆ Increase the percentage of infants who are put to sleep on their backs.
 - ◆ Decrease the percentage of infants who are exposed to second-hand smoke.

Healthy Pregnancies, Full-Term and Normal-Weight Infants:

- Decrease the percentage of low birth weight infants.
 - ◆ Decrease the percentage of pregnant women who smoke or are exposed to second-hand smoke.
 - ◆ Increase the percentage of pregnant women who enter prenatal care in the first trimester.
 - ◆ Increase the percentage of pregnant women who receive adequate prenatal care.
 - ◆ Reduce the proportion of births occurring within 24 months of a previous birth.

- Decrease the percentage of unintended pregnancies.
 - ◆ Increase the proportion of adolescents who abstain from sexual intercourse.
 - ◆ Increase the proportion of females at risk for unintended pregnancy who use contraceptives.
 - ◆ Increase the percentage of health insurance policies that cover pregnancy prevention services for adults.
 - ◆ Increase men's knowledge of the importance of pregnancy prevention.

6. Promote early childhood health, development, and well-being.

Outcomes:

- Increase the proportion of children ready to learn.
 - ◆ Increase community knowledge of the health components of early childhood development.
- Increase technical assistance and consultation for parents and child care providers on health and safety issues.

DHEC Strategic Goals

and Outcomes for 2000-2005

Goal: Increase the Quality and Years of Healthy Life for Seniors

The first goal of Healthy People 2010 is to “increase the quality and years of healthy life.” This goal is especially significant for South Carolina, since we live in an aging state. The greatest percentage population increase from 1980-1990 occurred among those 75 and older. South Carolina’s mature adult population comprised 11.3 percent of the 1990 population. Projections show by the year 2020, one out of every three South Carolinians will fall into this age group. The public health challenge is to help ensure a high quality of life for this growing population by providing services that enable older people to function as independently as possible for as long as possible.

The major causes of death among South Carolinians aged 65 and older are heart disease, cancer, stroke, respiratory disease, and diabetes. Chronic problems, such as arthritis, osteoporosis, incontinence, visual and hearing impairments, and dementia, are also concerns because they impair day-to-day living and place an economic burden on the state’s limited resources.

The extension of life has created a public health challenge to make those added years healthy ones. New approaches to care that stress self-efficacy, preventive services, elimination of risk factors, and adoption of healthy behaviors have a major impact on how well an individual ages. Research indicates that disease and disability are not inevitable consequences of growing old.

Approaches to health promotion must be designed to accommodate the unique needs of the elderly population. In-Home Prevention Services for Seniors addresses multiple concerns of aging persons, including chronic illnesses and their complications, injuries, psychosocial issues, polypharmacy, and health disparities in minority populations by giving participants information about their particular health risks before significant negative impact on independent function can occur.

Today in the United States, at least 100 times as many adults as children die each year from diseases immunizations could have prevented. People older than 65 have higher risks of getting influenza and pneumonia and developing related complications, the fifth leading cause of death in this age group. In 1998, the rate of influenza vaccination for South Carolinians over 65 was only 56.7 percent. Pneumococcal immunizations for the same time period were 25.4 percent for non-white and 53.8 percent for whites. Improving immunization rates for pneumonia and influenza among adults in South Carolina could significantly reduce morbidity and mortality from these diseases.

Strategic Goal:

1. Increase the percentage of seniors able to remain living in their homes and maintain an optimal level of function.

Outcomes:

- Increase the proportion of seniors who receive preventive health information and services.
 - ◆ Increase the number of counties that offer the In-Home Prevention Services for Seniors Program.
- Reduce injuries due to falls among seniors.
 - ◆ Increase knowledge of methods to prevent injuries and falls.
- Increase the proportion of seniors in need who have access to home and community-based long-term care services.

2. Prevent disease, disability and death from vaccine-preventable diseases.

Outcomes:

- Reduce hospitalization and deaths due to influenza and pneumococcal disease.
 - ◆ Increase the percentage of seniors vaccinated annually against influenza.
 - ◆ Increase the percentage of seniors ever vaccinated against pneumococcal disease.

3. Improve quality of life for seniors living in long-term care facilities.

Outcomes:

- Increase knowledge of and promote elder-centered facilities that encourage more homelike environments.
- Reduce the number of serious incidents involving nursing homes and community residential care facilities.

DHEC Strategic Goals

and Outcomes for 2000-2005

Goal: Protect, Continually Improve and Restore the Environment

As part of our agency's mandate, DHEC is committed to a healthy and safe environment for all our citizens. This goal focuses on three key concepts necessary to reach our goal: maintaining the quality of the environment; correcting the mistakes of the past; and improving our environment for the future. Thomas Jefferson once stated, "The earth belongs to each generation during its course, fully and in its own right. No generation can contract debts greater than may be paid during the course of its own existence."

Making sure the air is safe to breathe for adults, children, the elderly, and people with chronic respiratory illnesses is a shared responsibility. Air pollution aggravates some conditions such as acute respiratory infection and cardiovascular diseases. Poor air quality is a contributor to a lowering of quality of life in general. As we grow, we will be faced with new businesses, industries and increased use of South Carolina's highways. While South Carolina has a record of good air quality, recent federal government changes for ground-level ozone and particulate matter levels have made standards more stringent, and South Carolina is in danger of having air quality that does not meet the legal limits for ozone in particular. Monitoring businesses and industries for air emissions, requiring industries to meet air quality standards, and striving to constantly improve current air quality are just some of the challenges. Vitrally important outreach programs will encourage citizens to be more aware of the connection between personal behavior, such as too many car trips, and poor air quality.

Clean, safe water is essential for a healthy environment. Citizens should have safe drinking water and be able to fish and swim safely in all South Carolina waters. These goals require diligent water quality testing of both surface and ground water to provide safety at the tap, clean places to swim and fish, and shellfish and fish safe to eat. As South Carolina grows, the increased amount of industrial wastes, business wastes, and nonpoint source water pollution our water bodies are expected to accommodate will be an ever increasing problem. We are beginning to run out of the capacity to discharge even treated wastewater into our rivers. It is a challenge to have growth while maintaining or reducing the amount of wastes released into our waterways.

The restoration of impaired natural resources and sustaining them for future use is accomplished by increasing the size, quality, and diversity of sensitive natural habitats. Currently, approximately 67 percent of the state's shellfish waters are approved for direct harvesting of shellfish. Shellfish provide many ecological benefits, even if they are not available for human consumption. Efforts should be made to increase the acreage of shellfish waters approved for harvesting. Additionally, we need to work to increase the acreage of wetlands in South Carolina.

Other areas that warrant increased protection efforts are sensitive fish habitats and the roosting and nesting habitat of colonial wading birds, for example, herons. Sensitive fish habitats are vital to keep the population of many recreational species at acceptable levels, and there are indications the numbers of colonial wading birds are being impacted by waterfront development.

Reducing the amount of landfill waste and increasing the recycling rate is another ambitious goal. South Carolina has done an excellent job of recycling. Again, DHEC's outreach programs can help us to reach new levels of recycling and reduce the amount of waste. DHEC will also be working to encourage the clean up of areas previously contaminated by poor environmental practices. Our Brownfields program will help new landowners purchase contaminated sites and find ways to clean up and reuse these sites

Throughout DHEC's plan is a commitment to public education. We will continue to inform and involve teachers, students, environmental groups, business groups, community groups, and the public, and to enlist their aid in making South Carolina a wonderful place to live. DHEC cannot accomplish our goals without the willing assistance of citizens who share in our commitment to the environment.

Strategic Goals:

1. Ensure South Carolinians live in areas where all air quality standards are met.

Outcomes:

- Increase percentage of state and associated populations living in areas meeting state and federal primary ambient air standards.
- Increase percentage of state and associated populations living in areas meeting state and federal secondary ambient air standards.

2. Ensure waters meet water quality standards.

Outcomes:

- By 2002, 75 percent of surface waters are fishable/swimmable and by 2007, 80 percent of surface waters are fishable/swimmable.
- By 2005, water quality monitoring is sufficient to assess all major aquifers of the state and 100 percent of surface waters.

3. Reduce level of pollutants and exposure to contaminants.

Outcomes:

- Reduce toxic release inventory (TRI) and other air toxics.
- Reduce the rates of significant noncompliance of public drinking water systems.
- By 2005, see 25 percent increase in use of land application by major NPDES permittees.

4. Restore impaired natural resources and sustain them for future use.

Outcomes:

- Sustain and, where possible, increase the size, quality and diversity of sensitive natural habitats.
 - ◆ Maintain the number and diversity of sensitive fish habitats.
 - ◆ Maintain the population of colonial waterbirds.
 - ◆ Increase the acreage of shellfish beds.

- ◆ By 2005, increase the percent of coastal shellfish waters fully approved for harvesting to 75 percent.
- ◆ By 2005, increase, protect and enhance wetlands acreage in coordination with federal, state, and local agencies; the private sector; hunting and fishing organizations; and citizen groups to achieve the national goal of a net increase of 100,000 acres.
- Track and report number of non-responsible party contracts (Brownfields) executed.
- Assure strategies are in place to address adverse air quality impacts on natural resources.
- Track and report the amount (acres) of mined land reclaimed.
- Track and report the amount (acres) of contaminated land remediated.
- Increase the number of Underground Storage Tank (UST) fields identified and eliminated.

5. Continue to improve the environment.

Outcomes:

- Annually improve trends of pollutant sources regularly monitored and reported.
- Annually improve the percentage of permitted facilities in compliance.
- By 2005, antidegradation policies will be fully implemented.
- Reduce the active UST leak rate by 75 percent by 2005

6. Reduce pollutant releases to surface and groundwaters.

Outcomes:

- Watershed water quality management strategies are in place for watershed pollution prevention.
- Annually reduce the negative effects of nonpoint source pollution.
 - ◆ Increase compliance with stormwater management plans.
 - ◆ Improve stormwater Best Management Practice (BMP) design.
 - ◆ By 2005, nonpoint source sediment and nutrient loads to rivers and streams will be reduced by 20 percent from 1992 levels.
- By 2005, 60 percent of all UST leaks will be cleaned up.

7. Reduce the amount of waste generated.

Outcomes:

- By the year 2005, reach a 35 percent solid waste recycling rate statewide.
- By the year 2005, attain a municipal solid waste generation rate of 3.5 lbs. per person/per day.
- Track and report trends in hazardous waste generation.
- Reduce the number of landfills through regionalization.

DHEC Strategic Goals

and Outcomes for 2000-2005

Goal: Protect and Enhance Coastal Resources and Ensure Proper Management and Access for the Benefit of Current and Future Generations*

The South Carolina coast is our treasure, with its sandy beaches and saltwater marshes. More than 800,000 South Carolinians as well as many species of fish, birds, and other animals call the coast home. Residents are moving to our coastal areas in large numbers, and more than 17 million visitors a year enjoy the beauty and magic of the South Carolina coast. The challenge is to manage the growth of this booming area so our beaches, wetlands, and waterways are not overwhelmed.

Access to beaches for citizens who do not own beachfront property is threatened by the development of the shoreline. It is often difficult for people to get to the beach, find a parking spot, and have a place to put their beach blanket. Between the problems of erosion of dry sand beach and the overwhelming pace of development, our fragile beaches are threatened. Maintaining healthy beaches is important to ensure there will be a dry sand beach to access, as well as to protect adjacent highland property. Stormwater drains also pose a threat, acting as conduits for pollution. Their reduction will mean cleaner water in the surf zone.

The coastal zone also contains many historic and archeological sites of importance to the state. Some of these are being impacted or lost due to development. A major obstacle to protecting these resources is that making their presence known often makes them susceptible to vandalism. A way must be found to share information with local land use agencies while ensuring protection of these sites. Ultimately, the best way to ensure their survival is to protect them through conservation easements. In situations where sites will be impacted by development, it is important to ensure, after excavation and recovery of artifacts, that information learned is presented in a manner that is readily available to the public.

**Please note other sections in this plan also apply to coastal areas.*

Strategic Goals:

1. Attain healthy beaches, which are enhanced, protected and publicly accessible.

Outcomes:

- Protect and improve full and complete public access to beaches.
- Increase the existing percentage of beaches with a healthy beach profile.
- Reduce the number of stormwater outfalls on beaches.

2. Protect and enhance cultural resources, such as historical and prehistoric sites, of the coastal zone.

Outcomes:

- Increase the number of protected sites.
- Increase information dissemination of archeological findings to the public.

DHEC Strategic Goals

and Outcomes for 2000-2005

Goal: Improve Organizational Capacity and Quality

The eight long-term goals and the strategic goals in this plan provide a common vision for the next five years and the future. This goal focuses on the organizational investments the agency must make to successfully achieve its goals. These investments are consistent with seven focus areas of the Malcom Balridge National Quality System: a qualified, competent, and diverse workforce; use of information technology and data; internal and external communication; management of fiscal resources; a united agency culture; and use of quality processes and criteria.

Because we have responsibility for providing leadership and making decisions that affect health and the environment, DHEC must assemble a first-rate team of professionals. Workforce development is critical to strengthen public health and environmental infrastructure. We must have a workforce with the knowledge and skills to address both the persistent health problems and the new challenges we face. The right systems in place for internal communication will maximize the talent, energy and contributions of our staff, as will a pleasant work environment that sustains employee morale and enhances customer service.

To keep pace with the ever-changing world of information technology, DHEC must enhance its information systems. Information to support decision-making, both internally and in the communities we serve, must be timely and accurate. With much of the infrastructure now in place, we need to ensure all employees have access to necessary tools.

Professional staff in a diverse organization depend on good communication to act as a unified agency. The amount of information flowing between our organizational units contributes to our ability to learn and improve as an organization. Our external communication allows us to educate, develop, and maintain relationships with our many customers and will ultimately lead to better customer service for our citizens. Our capacity for transition will allow us to deal with changes while remaining focused on our goals. Maximum flexibility in the use of resources will also allow us to better address priorities and achieve our goals.

Quality is a core value integrated throughout DHEC and impacts every part of our functioning. Quality must be built into all our plans and processes and should not be an afterthought. Quality management is based on the key elements of the Baldrige Quality System, data-based decision-making, and continuous improvement. Implementing the Baldrige criteria means having a system for monitoring, assessing, and evaluating progress toward outcomes and goals and ensuring we implement services and programs in the most effective and efficient manner.

Strategic Goals:

1. Ensure the continuous development of a competent and diverse staff in sufficient numbers to successfully achieve the agency's goals.

Outcomes:

- Decrease turnover and increase retention of competent and diverse staff.
- Maximize the use of State Compensation Plan options.
- Develop career paths.
- Improve workforce performance through training and the development of position competencies.

2. Provide reliable, valid and timely information for internal and external decision making.

Outcomes:

- Begin the development of an automated statistical surveillance system for core public health data.
- Begin the development of an agency-wide decision support system.
- Develop and maintain a Web-based, interactive, user-friendly, data system for community assessment.

3. Establish and maintain relationships that help achieve the goals and vision of the agency.

Outcomes:

- Improve the public image of DHEC as a resource.
 - ◆ Increase the public's understanding of what DHEC can offer.
 - ◆ Increase the public's knowledge of DHEC's collaborative relationships.
- Establish proactive relationships with communities that build trust in DHEC services.
 - ◆ Increase awareness that staff should act as ambassadors for the agency.

4. Promote effective horizontal and vertical internal communication.

Outcomes:

- Increase staff's knowledge about agency programs, services and resources.
- Ensure staff have the tools and skills to communicate effectively.
 - ◆ Increase the percentage of staff that have access to appropriate technology, both hardware and software.
- Promote environmental and health staff working together on cross-cutting public health and environmental issues.
 - ◆ Increase the number of collaborative team efforts.

5. Maximize the flexibility that agency programs have in managing their fiscal resources to support agency goals.

Outcomes:

- Effectively and efficiently maximize fiscal resources to achieve agency goals.
- Continue to make data-based decisions, using data such as mortality, morbidity, and environmental data, to set priorities that determine funding decisions.
- Increase manager's skills, knowledge and accountability of fiscal resources.
- Ensure facilities are maintained to meet employee and customer needs.

6. Ensure that all agency activity and leadership is consistent with the goals and values of the agency, and staff understand their role in achieving the goals of the agency.

Outcomes:

- Promote commitment to the team effort and a shared common vision.
- Increase staff's ability to describe how their daily activities link to one or more of the agency's eight broad goals.
- Ensure staff are clear about the direction of the agency, the need for moving in that direction, and the implications.
- Incorporate the goals and values of the agency into the orientation, training, selection, and recruitment processes.

7. Implement the Baldrige Performance Excellence Initiative through systematic training and an organizational development process.

- Conduct an organizational self-assessment based on Baldrige criteria to identify areas for improvement.
- Implement changes as appropriate to support the Baldrige criteria.
- Use teams comprised of senior leadership and other staff to develop operational plans that support the organizational capacity and quality goals.

DHEC Strategic Goals

and Outcomes for 2000-2005

Goal: Assist Communities in Planning for and Responsibly Managing Growth

The future of South Carolina depends upon a commitment to sustainable communities. Communities should be planned and developed with a concern for maintaining the natural beauty that makes South Carolina such a special place to live. Sustainable development is the ability to meet the needs of the present without compromising the ability of future generations to meet their own needs. As we move into the 21st century, the need for developing sustainable communities becomes increasingly important.

South Carolina's population is growing. Much of this growth is good, but our air, water and land can withstand only so much of the byproducts of growth. While we are busy growing, we need to make plans for how and where growth should occur and protect our most fragile land types. These growth issues are best handled at the local government level, since local governments generally have the main responsibility for ensuring healthy living environments.

There is a clear relationship between human activities and the natural environment. As we grow, competing uses for land is inevitable. A land use plan is an outline of how citizens want their community to look in the future. The plan identifies places where all types of activities are possible, those areas where just some activities may occur, and those fragile areas that need to remain in their natural state.

Local decisions must be made at the local level. DHEC's role is to work with local governments and communities to help them understand the importance of planning for smart growth: buffers; greenspaces; mass transit; subdivision and roadway planning; bike paths and bike lanes; and park and ride lots. DHEC can also provide assistance in helping local entities access information and provide consultation on technical issues such as the establishment of buffers and watershed stormwater planning.

Strategic Goals:

1. Work with local governments and communities to improve land use plans to balance growth and natural resource protection.

Outcomes:

- Develop and implement a strategy to assist public utility systems in acquiring and managing technical, managerial, and financial capacity.
- Provide technical assistance to communities to help them develop and maintain sustainable use practices to manage environmental resources.

2. Establish a quality planning mechanism to address future regulatory changes or requirements and to empower local governments to address local issues.

Outcomes:

- Integrate local government comprehensive plans and zoning into DHEC planning and permitting programs when consistent with state laws and regulations.
- By 2002, investigate the designation of additional Councils of Government as planning agencies.

3. Promote more flexibility in resources.

Outcomes:

- Negotiate Performance Partnership Agreements with funding sources, where appropriate.

4. Protect wetlands and other sensitive areas against impact from urbanization.

Outcomes:

- Increase the amount of vegetated buffers.
- Implement a single wetlands program for the state, recognizing the unique characteristics of the coastal zone.
 - ◆ Attempt to use regional approaches to service delivery.

Healthy People

2010

The goals and outcomes in this plan link to the Healthy People 2010 (HP2010) vision for the nation. That national vision is to achieve “Healthy People in Healthy Communities.” HP2010 is a comprehensive, nationwide health promotion and disease prevention agenda committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death. It is designed to achieve two overarching goals: 1) Increase quality and years of healthy life, and 2) Eliminate health disparities.

As part of this effort, the US Surgeon General has established a set of ten Leading Health Indicators, listed below, that reflect the major public health concerns in the United States. These indicators illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. For each of the Leading Health Indicators, specific objectives derived from HP2010 will be used to track progress. The Leading Health Indicators serve as a link to the 467 objectives in *Healthy People 2010: Objectives for Improving Health* and can become the basic building blocks for community health initiatives.

Leading Health Indicators:

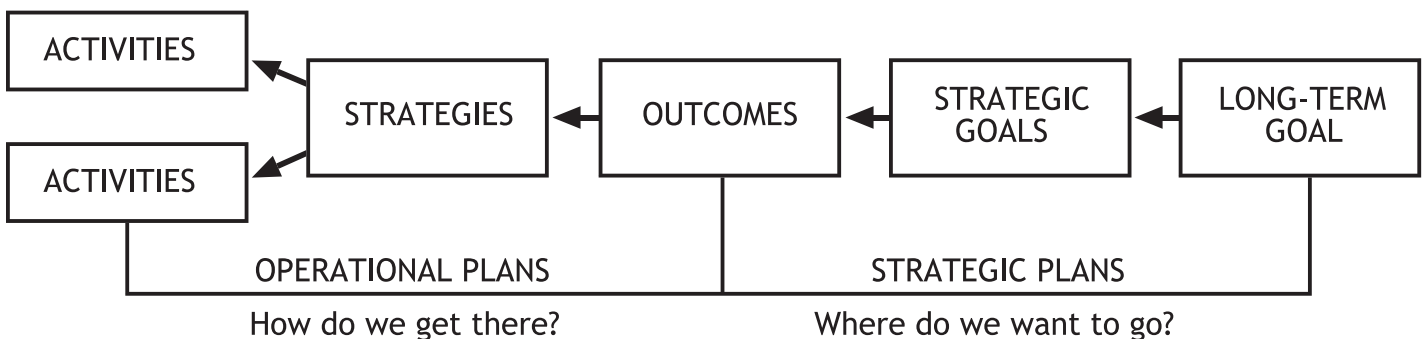
- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

The goals and outcomes specified in the 2000-2005 strategic plan link directly to many of the HP2010 objectives, with specific emphasis in the areas reflected in the leading health indicators. Approximately 80 percent of the DHEC strategic goals and outcomes link to a HP2010 objective. A table on pages 39 and 40 shows some examples of the HP2010 objectives that link to our goals.

Overview of the Planning Process

The 2000-2005 strategic plan is a product of our efforts to implement an agency-wide outcomes-based planning process, Planning and Managing for Results (PMR). Through this process the agency has answered the questions “where do we want to go?” and “what do we want to accomplish?” by specifying long-term goals, strategic goals, and outcomes.

PMR provides consistency for all planning activities through its focus on goals and outcomes. While the Strategic Plan defines the goals and outcomes the agency wants to accomplish, programmatic operational plans will show how each unit and person in the agency, through the strategies they implement and their daily activities, contribute to achieving those goals. All plans will be linked through their focus on achieving the DHEC goals.



Development of the

2000-2005 Strategic Plan

The 2000-2005 Strategic Plan was written with the broad participation of DHEC managers and staff, communities, and the DHEC Board. From January to April 2000, the Office of Planning worked with the Executive Management Team, a Strategic Planning Committee drawn from all parts of the agency, and the DHEC Board to define the long-term and strategic goals for the agency. In April 2000, the agency's long-term goals were presented to more than 300 agency managers at a three-day Management Training. The Management Training was critical in developing the 2000-2005 Strategic Plan because DHEC managers identified strategic areas that should be addressed to improve the organizational capacity to achieve the agency's long-term goals.

DHEC staff had many opportunities to provide input at all phases of plan development. Input was gathered through regional forums, presentations, and comment cards from April through July 2000. Staff were also given the opportunity to comment on a draft of the strategic plan document.

Communities and other key stakeholders also provided input into the development of the plan. In 1998 and 1999, many efforts were made to gather information from communities about their concerns and priorities for health and the environment. This public input, combined with the successes from the 1995 Strategic Plan, formed the foundation for the 2000-2005 Strategic Plan.

1995 Strategic Plan

Legacy

No plan would be complete without recognition of the foundation laid by previous plans. The 1995 Strategic Plan articulated a set of visions and values for the agency that described how we should work together and accomplish our daily work. The agency has accomplished much since the inception of the 1995 Strategic Plan. These accomplishments have been highlighted in the 1996 “DHEC Success Stories” and the 2000 “Best Practices.” Significant accomplishments achieved in three key areas are highlighted below: Cultural Competence, Customer Service, and Streamlining Permitting.

Cultural Competence:

The Cultural Competence Action Plan (CCAP) was developed based on the mission, visions and values of the 1995 Strategic Plan and approved by the Executive Management Team in January 1997. To support the values of providing quality customer service and eliminating health disparities, DHEC initiated training in Basic Cultural Competence. This curriculum assists employees with recognizing characteristics of a culturally competent system of public health and environmental services; understanding the cultural competence continuum; and demonstrating a working knowledge of the elements and application of the cultural competence model.

Decisive efforts are being made to practice cultural competence in many areas of the agency. As an example, greater focus is placed on bilingual needs, personnel policies that reflect the importance of cultural competence, availability of ethnic and racial data, and public hearing and permitting notices more appropriately distributed to customers.

Customer Focus and Satisfaction:

Since 1995, the agency has celebrated many successes with customers and agency partners. In November 1997, DHEC continued its focus on ensuring Quality Customer Service by developing required agency-sponsored customer service training. The course focuses on teaching employees to define who their customers are, what constitutes good customer service, and developing effective communication and telephone skills.

As part of the larger effort to gauge public and private sector familiarity with the agency and to evaluate customer satisfaction with its services, DHEC commissioned the University of South Carolina’s Survey Research Laboratory to conduct a statewide customer service survey, as well as surveys targeting different client groups. The overall quality of service experienced by customers within the last five years was very high. Ninety-four percent were somewhat satisfied or very satisfied; 98 percent said they would use a DHEC service again; and 97.4 percent said they would recommend the service to a family member or friend. A follow-up statewide survey conducted in the fall of 1999 was also very positive, resulting in a 94.7 percent overall satisfaction rate.

Streamlining Permitting:

On July 1, 1994, at the direction of the South Carolina General Assembly, DHEC consolidated its existing permitting functions and programs with those that existed in the SC Water Resources Commission, SC Land Resources Conservation Commission, and the SC Coastal Council. DHEC is now organized to provide better coordination of environmental permitting and regulatory communication with business, government, and the general public through its "streamlined" concept. Consolidation has resulted in changes to program administration, office organization, and some aspects of the permitting application, review, and enforcement processes. The complexities of environmental programs, both regulatory and non-regulatory, dictate any new business or industry, or one that is modifying a facility or a process, seek guidance from all of the appropriate program areas. This process can be facilitated through the office of the permitting liaison. The permitting liaison serves as the primary contact and advocate for the regulated community and is responsible for coordinating the permits that businesses and industries need from the various program areas in DHEC.

Conclusion

This strategic plan represents a product of the first phase of our ongoing planning process. The nature of the agency's mission creates a need to have an ongoing, dynamic and fluid planning process. Thus, this plan is a "living" document. As the agency assesses, updates, changes and sets new priorities, the plan will allow for adaptability. The 2000-2005 Strategic Plan is meant to be a flexible document so it can incorporate ideas and new directions for achieving the agency's long-term goals.

DHEC staff will integrate the plan and its priorities into their daily work by incorporating the goals and outcomes outlined in the strategic plan into their unit operational plans. Health Services, Environmental Quality Control, Ocean and Coastal Resource Management, and Central Office will have operational plans that support the strategic plan. These operational plans will articulate the strategies and activities to be implemented to achieve the goals and outcomes outlined in the strategic plan, as well as additional programmatic outcomes. Monitoring of the strategies and activities in these plans will help the agency assess its progress toward meeting its goals.

Measurement of our progress toward achieving the goals and outcomes articulated in the strategic plan is essential to achieve our goals and outcomes. With this plan we will establish a reporting system that ensures accountability and continuous improvement through measuring the outcomes we have established. The agency is in the process of finalizing the measures we will use to mark our progress. These measures will be reflected in strategic plan updates and reports. The information generated from marking our progress will contribute to data-driven decisions that could improve our services and activities.

What does the 2000-2005 Strategic Plan mean for South Carolina and for DHEC?

This plan provides us with a single strategic direction that will promote coordination and communication among the agency's programs and services. It will also serve as a key communication mechanism to our stakeholders by describing our priorities for the next five years.

Our work gives us an unprecedented opportunity to be leaders in defining the future of health and the environment in South Carolina. As we move toward achieving our vision for the state, we are compelled by our mission and guided by our values. The 2000-2005 Strategic Plan sets a course for all DHEC staff, in partnership with others, to achieve healthy people living in healthy communities and allows us to gather information that can be used to continuously improve our services and activities.

Glossary

Ambient Air Quality Standards: Ambient means “all around.” It is the outside air around us (or that we come in contact with or breathe.) A few common air pollutants are found all over the United States. These pollutants can injure health, harm the environment and cause property damage. EPA calls these pollutants “criteria air pollutants” because the agency has regulated them by first developing health-based criteria (science-based guidelines) as the basis for setting permissible levels. One set of limits (primary standard) protects health; another set of limits (secondary standard) is intended to prevent environmental and property damage. A geographic area that meets or does better than the primary standard is called an **attainment** area; areas that don't meet the primary standard are called **nonattainment** areas.

Aquifer: An aquifer is a water-bearing layer of rock or sediment capable of yielding supplies of water; typically is unconsolidated deposits or sandstone, limestone or granite. Can be classified as confined or unconfined.

BMP (Best Management Practices): Practices determined to be the most effective and feasible means of preventing or reducing pollution from point and nonpoint sources in order to protect water quality. Examples include buffer strips and detention/retention ponds.

Bioterrorism: The use of, or threat to use, life forms or their products in an attack on a general population, individual or the life forms on which they depend. Such activity may or may not have a stated goal.

Biowarfare: The use of, or threat to use, life forms or their products in an attack on a military establishment. The action usually has the limited purpose of driving an army from the field.

Brownfields: Brownfields are generally abandoned, idled, or under-used industrial and commercial facilities where expansion or redevelopment is complicated by real or perceived environmental contamination.

CDC Healthy School Model: This model consists of eight components of school health; Comprehensive School Health Education, Physical Education, School Health Services, School Nutrition Services, School Counseling, Psychological and Social Services, Healthy School Environment, School-site Health Promotion for Staff, and Family and Community Involvement in School Health. The model emphasizes a coordinated and integrated approach to school health among the components.

Colonial Waterbirds: Birds such as egrets and herons, which roost and nest in colonies along waterways.

Dangerous Agents: Chemicals or biologic units, or their products, which are capable of deleterious effects on human beings or their environment to the extent that special precautions must be taken for the safety of humans or the environment. There may be immediate or delayed effects. In some cases, individuals or environments contaminated with a dangerous agent, may themselves become classified as dangerous agents.

EPSDT (Early Periodic Screening, Diagnosis and Treatment): Early checkups to keep infants and children healthy; Periodic Screenings done according to the American Academy of Pediatrics recommended schedule; Screenings for physical, mental and development problems; Diagnosis of problems and Treatment of problems found. This is an unclothed, comprehensive physical examination that includes but is not limited to screening for vision, hearing, anemia, blood pressure, immunizations, health education or age-appropriate health supervision/anticipatory guidance, lead screening, and urine screening. A developmental assessment is also a part of this visit.

FSS (Family Support Services): These services are true public health preventive services designed to augment, complement, and enhance medical care through a coordinated system of service delivery. Family Support is provided by public health nurses, social workers, health educators, registered dietitians, and public health assistants who offer counseling, anticipatory guidance, ongoing assessment and monitoring to promote linkages between the primary care provider and the individual/family in the community. Services are client centered and are designed to assist families and individuals in the appropriate use of primary care and in the practice of healthier behaviors. Family Support Services are either preventive or rehabilitative in nature. Preventive services promote physical and mental health, prevent disease and disability, and prolong life. Rehabilitative services reduce physical and mental disabilities already present and restore individuals and families to their best possible functional level.

GIS (Geographic Information System): A computerized data management system developed by geographers for the capture, storage, analysis, and graphic display of data, most often spatially on maps. Different data "layers" can be placed on top of one another on maps to help recognize spatial trends or relationships, create greater understanding of an issue or scientific problem, and then used to set policy. GIS is especially useful in dealing with issues related to the environment and urban planning.

Greenspace: Land in a city or county that is designated to not allow residential, commercial, or industrial development, but, instead, is preserved for habitat, recreation, or its traditional use, such as agriculture. Designating greenspace is a means to counter urban sprawl and preserve nature and farmland, as well as other traditional uses. Greenspace is frequently designed for multiple uses, such as preserving habitat and providing passive parks.

HAART (Highly Active Anti-Retroviral Therapy): The use of combinations of antiretroviral drugs including nucleoside analogs, protease inhibitors and reverse transcriptase inhibitors to subdue HIV infection and give the body a chance to increase its supply of infection-fighting CD4+ T-cells that are destroyed by HIV.

Infant Mortality: The number of children who die before their first birthday is reflected in the Infant Mortality Rate, defined as the number of deaths to persons less than 1 year old per 1,000 live births during the year.

In-Home Prevention Services for Seniors: This is a new program for citizens 65 years of age and older who are independently functional in activities of daily living. Goals are to prevent the onset of chronic illnesses and their complications, injuries and psychosocial situations that contribute to decreased quality of life in the elderly. Services, which are provided at no cost to the client, include a comprehensive in-home assessment by a registered nurse, development of a personal health promotion plan, monitoring and follow-up of goal achievement, and referral to other services when needed.

Land use planning: The planning process, usually at the city or county level, which details how property will be allowed to be developed or redeveloped within the community. The principle tool of land use planning is the zoning ordinance.

NPDES (National Pollution Discharge Elimination System): The purpose of the National Pollutant Discharge Elimination System Program is to protect human health and the environment. The Clean Water Act requires that all point sources discharging pollutants into waters of the United States must obtain an NPDES permit. By point sources, EPA means discrete conveyances such as pipes or manmade ditches. Although individual households do not need permits, facilities must obtain permits if their discharges go directly to surface waters. Some pollutants that may threaten public health and the nation's waters are: human wastes, ground-up food from sink disposals, laundry and bath waters, toxic chemicals, oil and grease, metals, and pesticides.

Nonpoint Source-Pollution: Pollution from many diffuse sources that cannot be attributed to one identifiable "point," such as a discharge pipe. NPS pollution is caused by precipitation, atmospheric deposition, percolation, and runoff containing sediments, nutrients, and organic and toxic substances generated by various land uses and human activities. Rainfall can cause soil erosion and create runoff that carries sediments and pollutants to receiving water bodies.

Osteoporosis: A deadly serious, yet highly preventable, disease characterized by low bone mass and deterioration of bone tissue. This results in bone fragility and increased susceptibility to fractures, especially of the hip, spine and wrist. (Compression fractures of the vertebrae result in a loss of height and stooped posture, commonly known as the dowager's hump.) These fractures can lead to severe pain and disability; loss of mobility, independence and self-esteem; and, ultimately, death. Osteoporosis is a public health threat to more than 28 million Americans, 80 percent of them women.

OSDS (Onsite disposal system): Most commonly a septic tank.

RPC (Regional Perinatal Centers): Are Level III hospitals which also provide consultative, outreach, and support services to Level I, II, and III units in the region. The RPC participates in residency programs for obstetrics, pediatrics, or family practice, offers continuing education programs to all referring hospitals, and coordinates a regional maternal and neonatal transport system. The RPC reviews the quality of perinatal care throughout the region, collects data and coordinates developmental follow-up for Neonatal Intensive Care Units (NICU) graduates. The RPC manages at least 2000 deliveries annually; or at least 250 admissions which weigh less than 1500 grams; or at least 125 admissions which weigh less than 1500 grams, require ventilatory support, or require surgery.

Level III hospitals provide all aspects of perinatal care, including intensive care and a range of continuously available, sub-specialty consultation. In addition to the Level II capabilities, Level III units have the staffing and technical capability to manage high-risk obstetric and complex neonatal patients. Level III units manage at least 1500 deliveries annually; or at least 125 admissions which weigh less than 1500 grams, require ventilatory support, or require surgery.

SIDS (Sudden Infant Death Syndrome): After the first month of life, SIDS is the leading cause of infant death, accounting for about one-third of all deaths during the postneonatal period. SIDS is the sudden and unexpected death of an apparently healthy infant, whose death remains unexplained after the performance of an adequate postmortem investigation. SIDS is a classification that is used to describe a deceased infant. It is not a disease, nor can it be a diagnosis for a living baby. The mother's health and behavior during her pregnancy and the baby's health before birth seem to influence the occurrence of SIDS, but these variables are not reliable in predicting how, when, why, or if SIDS will occur. Maternal risk factors include cigarette smoking during pregnancy; maternal age less than 20 years; poor prenatal care; low weight gain; anemia; use of illegal drugs; and history of sexually transmitted disease or urinary tract infection. These factors, which often may be subtle and undetected, suggest that SIDS is somehow associated with a harmful prenatal environment.

Sustainable use practices: The design and implementation of innovative strategies that enhance the local economy as well as the local environment and quality of life.

UST (Underground Storage Tank) Fields: Properties where obsolete, leaking and/or abandoned underground storage tanks have impeded the property's return to productive use.

Vegetated buffer: Areas of land between a waterway and a developed area that are left undeveloped to protect the waterway from pollution and erosion by filtering runoff. A **buffer ordinance** is a city or county zoning ordinance that allows or requires the establishment of vegetated buffers.

Watershed: Watersheds are nature's boundaries. They are the areas that drain to surface water bodies. A watershed generally includes lakes, rivers, estuaries, wetlands, streams, and the surrounding landscape.

Wetlands: Areas such as swamps and marshes that are covered with water for periods of time long enough to support plants that thrive in wet soils. Not all wetlands have standing water year-round, however, as some wetlands may be dry during certain seasons. Wetlands are defined by their vegetation and soil types, in addition to their hydrology. They can receive water by rain, groundwater seepage, runoff, adjacent streams and tides.

DHEC Long-Term Goals and Selected HP2010 Indicators

DHEC Long-Term Goal	Healthy People 2010 Objective
Increase local capacity to promote and protect healthy communities	<p>7-10. (Developmental) Increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas.</p> <p>8-26. (Developmental) Improve the quality, utility, awareness, and use of existing information systems for environmental health.</p> <p>10-1. Reduce infections caused by key foodborne pathogens.</p>
Improve health for all and eliminate health disparities	<p>27-1. Reduce tobacco use by adults.</p> <p>22-2. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.</p> <p>3-12. Increase the proportion of adults who receive a colorectal cancer screening examination.</p> <p>13-17. Reduce new cases of perinatally acquired HIV infection. Eliminate sustained domestic transmission of primary and secondary syphilis.</p> <p>12-7. Reduce stroke deaths.</p> <p>5-12. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least once a year.</p> <p>5-10. Reduce the rate of lower extremity amputations in persons with diabetes.</p>
Assure children and adolescents are healthy	<p>1.1. Increase the proportion of persons with health insurance.</p> <p>28-11. Increase the proportion of children and adolescents under age 19 years at or below 200 percent of the Federal poverty level who received any preventive dental service during the past year.</p> <p>21-12. Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months.</p> <p>14-1. Reduce or eliminate indigenous cases of vaccine-preventable disease.</p> <p>27-2. Reduce tobacco use by adolescents.</p> <p>22-6. Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.</p> <p>15-15. Reduce deaths caused by motor vehicle crashes.</p> <p>8-11. Eliminate elevated blood lead levels in children.</p> <p>24-2. Reduce hospitalizations for asthma.</p> <p>9-7. Reduce pregnancies among adolescent females.</p> <p>16-10. Reduce low birth weight (LBW) and very low birth weight (VLBW).</p> <p>16-1. Reduce fetal and infant deaths</p>

DHEC Long-Term Goals and Selected HP2010 Indicators

DHEC Long-Term Goal	Healthy People 2010 Objective
Increase the quality and years of healthy life for Seniors	<p>1-15. (Developmental) Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services.</p> <p>14-1. Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.</p>
Protect, continually improve and restore the environment	<p>8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's (EPA's) health-based standards for harmful air pollutants.</p> <p>8-8. (Developmental) Increase the proportion of assessed rivers, lakes, and estuaries that are safe for fishing and recreational purposes.</p> <p>8-5. Reduce waterborne disease outbreaks arising from water intended for drinking among persons served by community water systems.</p> <p>8-10. (Developmental) Reduce the potential human exposure to persistent chemicals by decreasing fish contaminant levels.</p> <p>8-14. (Developmental) Reduce the amount of toxic pollutants released, disposed of, treated, or used for energy recovery.</p> <p>8-15. Increase recycling of municipal solid waste.</p>
Protect and enhance coastal resources and ensure proper management and access for the benefit of current and future generations	<p>8-9. (Developmental) Reduce the number of beach closings that result from the presence of harmful bacteria.</p>
Improve organizational capacity and quality	<p>23-10. (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.</p> <p>23-1. (Developmental) Increase the proportion of Tribal, State, and local public health agencies that provide Internet and e-mail access for at least 75 percent of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.</p> <p>23-3. Increase the proportion of all major National, State, and local health data systems that use geocoding to promote nationwide use of geographic information systems (GIS) at all levels.</p>